# PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number: 10/553661

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) | SMALL ENTITY TYPE ☐ | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|---|---|---|
| | | | RATE | FEE | | RATE | FEE |
| U.S. NATIONAL STAGE FEES | | | BASIC FEE | 150 | OR | BASIC FEE | 300 |
| BASIC FEE | SMALL ENT. = $ 150 | LARGE ENT. = $ 300 | EXAM. FEE | 100 | | EXAM. FEE | 200 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100 | All other situations = $ 100 / $ 200 | SEARCH FEE | 200 | | SEARCH FEE | 400 |
| SEARCH FEE | U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400 | All other situations = $ 250 / $ 500 | X $ 125 = | 125 | | X $ 250 = | |
| FEE FOR EXTRA SPEC. PGS. | 147 minus 100 = | 1 / 50 = | X $ 25 = | | OR | X $ 50 = | 50 |
| TOTAL CHARGEABLE CLAIMS | 21 minus 20 = | * | X $ 100 = | | OR | X $ 200 = | |
| INDEPENDENT CLAIMS | 3 minus 3 = | * | + $ 180 = | | OR | + $ 360 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ | TOTAL | | OR | TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

| AMENDMENT A | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| 10/17/05 | | | | |
| Total | * 21 | Minus | ** 21 | = |
| Independent | * 3 | Minus | *** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
|---|---|---|---|---|
| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| AMENDMENT B | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|---|---|---|---|---|
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



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